

GRANT OFFICE USE ONLY

Notification to ITS:  
Initials:

## GRANT AWARD APPROVAL FORM

|  |  |  |  |
|--|--|--|--|
| <b>1. Official Name of Grant Program:</b>  |  | <b>Date of SBE approval of grant criteria</b> N/A  |  |
| 2004 - 2005<br>(years)   | Michigan Teacher of the Year<br>(title)                                      | <input checked="" type="checkbox"/> Initial<br>(type)  | <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation |
| Legislation Authorizing this Grant Program: 2004/2005 Improving Teacher Quality  |  |  |  |
| <input checked="" type="checkbox"/> Federal Grant CFDA Number 84.367   |  | <input type="checkbox"/> State Grant   | <input type="checkbox"/> Other (Private, Foundation)                     |
| <b>2. Type and Purpose of Grant Program: (check one)</b><br>To give a year leave of absence for the 2004-2005 Michigan Teacher of the Year to promote teacher recruitment and quality. |  | <input type="checkbox"/> Competitive<br><input checked="" type="checkbox"/> Formula<br><input type="checkbox"/> Other<br><div style="text-align: right;">(specify) _____</div> |  |
| <b>3. SBE Priorities and Policies that this Grant Program Supports: (check all that apply)</b>   |  |  |  |
| <u>Priorities</u>  |  | <u>Policies</u>  |  |
| <input checked="" type="checkbox"/> Integrating Communities and Schools  | <input type="checkbox"/> Bullying  | <input type="checkbox"/> Other   |  |
| <input checked="" type="checkbox"/> Elevating Educational Leadership   | <input type="checkbox"/> Character Education                                 | <div style="text-align: right;">(specify) _____</div>  |  |
| <input type="checkbox"/> Embracing the Information Age   | <input checked="" type="checkbox"/> Creating Effective Learning Environments |  |  |
| <input type="checkbox"/> Ensuring Early Childhood Literacy   | <input checked="" type="checkbox"/> Family Involvement                       |  |  |
| <input checked="" type="checkbox"/> Ensuring Excellent Educators   | <input type="checkbox"/> Safe Schools  |  |  |
| <b>4. Grant Categories (if not described in Item 2):</b> <input checked="" type="checkbox"/> NOT APPLICABLE  |  |  |  |
| <b>5. Target Population to be Served by Grant:</b><br>Michigan teachers, districts, education organizations, colleges, and universities.   |  |  |  |
| <b>6. Total Funds Awarded:</b><br>\$49,724.64  |  |  |  |
| <b>7. Eligible Applicants:</b><br>Public and Private school teachers in Michigan.  |  |  |  |
| <b>8. Description of Priorities Given to Any Specific Population or Location:</b> <input checked="" type="checkbox"/> NOT APPLICABLE   |  |  |  |
| <b>9. Grant Administration:</b>  |  |  |  |
| <u>Office</u><br>Office of the Superintendent  | <u>Unit</u>  | <u>Contact</u><br>Jean Shane   | <u>Phone</u><br>517-241-2375   |

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|--|---|---------------|
| <b>10. OFFICE</b><br>Office Director Approval Signature: _____<br>Phone: _____                         | Comments: _____<br><div style="text-align: center; margin-top: 10px;">N/A</div> | Date: _____   |
| <b>11. BUDGET OFFICE</b><br>Budget Office Approval Signature: _____<br>Comments: _____                 | <div style="text-align: center; margin-top: 10px;">N/A</div>                    | Date: _____   |
| <b>12. GRANTS OFFICE</b><br>Grants Office Approval Signature: _____<br>Comments: _____                 | <div style="text-align: center; margin-top: 10px;">Mary A. Chantel</div>        | Date: 9-18-04 |
| Exhibits B + C are not required  |   |               |
| <b>13. DEPUTY SUPERINTENDENT</b><br>Deputy Superintendent Approval Signature: _____<br>Comments: _____ | <div style="text-align: center; margin-top: 10px;">[Signature]</div>            | Date: 9/23/04 |
| <b>14. SUPERINTENDENT</b><br>Superintendent Approval Signature: _____<br>Comments: _____               | <div style="text-align: center; margin-top: 10px;">Tom Watkins</div>            | Date: 9-27-04 |

### INSTRUCTIONS:

- A. Complete items 1-10 on this form. The Grants Administration Unit will facilitate completion of items 11-14.
- B. Attach three (3) sets of Exhibits A, B, and C.  
 Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.  
 Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.  
 Exhibit C---Map of Michigan indicating the location of recommended applicants.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grant Administration Unit.

Michigan Department Of Education  
Office Of The Superintendent

**MICHIGAN TEACHER OF THE YEAR**

**Recipient:**

Northville Public Schools

**Amount Recommended:**

**\$49,725**

The award is made for the salary and benefits for the replacement of Heidi Capraro, 2004-05 Michigan Teacher of the Year, who will be working on issues of teacher quality for the Michigan Department of Education during the 2004-05 school year.